## NEW JERSEY DEPARTMENT OF TRANSPORTATION

Right of Way Division PO Pox 614 Trenton, NJ 08625

## **Excess Land Request**

Complete and return this form with a copy of a tax map, marking in red

**Instructions** 

the area you are interested in. Requestor's Name\_\_\_\_ Requestor's Address Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ E-mail \_\_\_\_\_\_ Phone \_\_\_\_\_ **Excess Land Location** Municipality County Actual Block\_\_\_\_\_ Lot \_\_\_\_ - or -Adjoining Block\_\_\_\_\_ Lot \_\_\_\_ **Requestor Information** I/We wish to Lease \_\_\_\_\_\_ or Buy \_\_\_\_\_ I/We own adjoining Block

Lot I/We intend to use this property for: Certification By signing this document I certify under the penalties for perjury that I have 1. disclosed any interest I have in any adjoining property, 2. that I have disclosed the use to which I intend to put the property, 3. that I am aware that I will be required to comply with the requirements of Public Law of 2005, Chapter 51 including the disclosure of campaign contributions as set forth in said law, 4. I understand that if approval is given for this transaction the State will include appraisal fees as part of the final price where required. Signature\_\_\_\_\_ Date \_\_\_\_\_ Name (print)